PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

17,725

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN		
TO	TAL CLAIMS			1)	(Colur	nn 2)				OR I r		
TOTAL CLAIIVIS			51				L	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=		* 31			X\$ 9=		OR	X\$18=	51-8
INDEPENDENT CLAIMS 7				う minus 3 = *				X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	v
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	TOTAL		OR	TOTAL	798
	C					OTHER	THAN					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL E	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NS S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN'	T CLAIM			+140=.		OR	+280=	
											TOTAL	
										OR	ADDIT. FEE	L
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		, NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		5		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		▎├					
	•						L	+140= TOTAL		OR	+280=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
NE NE	Independent	*	Minus	***		=-		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		╽├			OH		
				o "	- 40T to -	, 	L	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE												
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

とうことというとうなどをあるというないのである。



DATE:	01-12/07	u	- 		8. PTO 1452
TO:	0175				0/035
FROM:	Office of Initial Pater	ıt Examinati	on		
SUBJECT:	Fee Due			•	:
APPLICAT	rion number:				
Office for tauthorization	e for the attached document of the following reason. From to charge a deposit a appropriate fee. If an a ciency.	Please check account. If a	the application	n for the ap	propriate , please /
☐ Insuffic	ient fee by check				
Insuffic	eient funds in deposit ac	ccount			
[] Decline	d credit card			٠	
□ Non au	thorization for charge t	o deposit ac	count	•	
□ No fee	submitted per requirem	ient ^{rå.}			
	·	;	٠,	-	
The correc	t fee code:		amount	\$	
The susper	nded fee code: 197		amount	- \$	
Fee Due			amount		
	any questions, please ortz at 703-308-3642.	contact Cynt	hia Streater at	703-306-5	430 or
Tammina! A	maratar				